

CAROLINE COUNTY SHERIFF'S OFFICE

CITIZENS POLICE ACADEMY



APPLICATION PACKET

Anthony A. "Tony" Lippa, Jr., Sheriff

Caroline County Sheriff's Office  
P. O. Box 39  
Bowling Green, Virginia 22427

**CAROLINE COUNTY SHERIFF'S OFFICE**

**APPLICATION**

**CAROLINE CITIZENS POLICE ACADEMY**

The information requested in this application will be used to determine the suitability of the applicant for enrollment into the Caroline Citizens Police Academy. Due to the nature of the information and law enforcement techniques exposed during the thirteen-week academy, thorough screening of candidates is imperative. Please understand that during the course of the background investigation, the Caroline County Sheriff's Office will check on the criminal history and driving record of all applicants.

Date: \_\_\_\_\_

**PERSONAL DATA**

Legal Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_ (If applicable) Nickname: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street City State Zip

How long at current address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different) P.O. Box/Street City State Zip

Former Addresses (if you have moved in last 10 years):

Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name	Dates of Employment: From: To:
Employer Address:	
Your Title:	Employer Phone Number:

Do you have any impairment that may keep you from participating in the CPA? If so, explain.

\_\_\_\_\_

**WAIVER OF LIABILITY**

**The following needs to be presented to a Notary Public before applicant signs.**

I am aware that as a result of my participation in the Caroline Citizens Police Academy that I may be exposed to hazardous situations inherent in police work. This includes, but is not limited to: vehicle operation, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I am requesting participation in the Citizens Police Academy with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I, \_\_\_\_\_, do hereby release Caroline County, Caroline County Sheriff's Office and its employees or agents, from any and all liability for any injuries received while participating in the Caroline Citizens Police Academy.

I understand that I am responsible for my own medical coverage or any and all other insurance coverage or other losses of any nature.

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Notary Use Below This Line**

\*\*\*\*\*

State of Virginia, County/City of \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

**CAROLINE COUNTY SHERIFF'S OFFICE  
AUTHORIZATION TO OBTAIN INFORMATION**

**The following needs to be presented to a Notary Public before applicant signs.**

I, \_\_\_\_\_ hereby authorize the Caroline County Sheriff's Office,  
(Applicant print your name)

to conduct a Background Investigation in connection with my application. This investigation may include information regarding my residential history, schools attended, present employer, previous employers, previous applications to law enforcement agencies, personal references, professional references, credit standings, financial status, criminal history, Division of Motor Vehicle records, physicians, medical records, and any other appropriate sources.

I authorize the release of any information that the Caroline County Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Caroline County Sheriff's Office in connection with this application and background investigation is confidential and **shall not be disclosed to me.**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act, as amended, with regard to access and to the disclosure of records and statements and I hereby waive those rights.

I agree to indemnify and hold harmless the Caroline County Sheriff's Office, its agents and employees and the person, company, agency or entity to whom this request is presented and its agents and employees from and against all claims, damages, losses, and expenses, including attorney's fees arising out of this request.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Notary Use Below This Line**

\*\*\*\*\*

State of Virginia, County/City of \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Notary Public Signature